

☐ **PLAINTIFF(S)'** ☐ **DEFENDANT(S)'**
NON-HEARING MOTION ☐ **TO** ☐ **FOR** _____;
DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

TWO-SIDED FORM

Form #3DC39

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Trial Date:	

☐ **PLAINTIFF(S)'** ☐ **DEFENDANT(S)'** **NON-HEARING MOTION**

☐ **TO** ☐ **FOR** _____

Filing Party(ies) requests that this Motion be granted for the reasons stated in the Declaration below and is made pursuant to:

- ☐ Rules of the District Courts of the State of Hawai'i, Rule _____;
- ☐ District Court Rules of Civil Procedure, Rule _____;
- ☐ Rules of the Small Claims Division of the District Courts, Rule _____;
- ☐ Hawai'i Revised Statutes §_____.

DECLARATION

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the ☐ Movant or ☐ associated with Movant as _____;
2. The following are facts why Motion should be granted (attach continuation sheet if necessary);

Date:	Signature of Declarant:
	Print/Type Name:

NOTICE OF MOTION

TO: _____:

NOTICE IS GIVEN that the undersigned has filed this Motion. Any response to this Motion must be in writing on the reverse side and filed with the Court no later than 10 days from the date shown on the Certificate of Service on the reverse side when the Motion is hand-delivered or 12 days when the Motion is mailed. Your written response can be delivered or mailed to the Court at:

☐ 75 Aupuni Street, Civil Division, Room 205, Hilo, Hawai'i 96720 ☐ 79-7595 Haukapila Street, (P.O. Box 9017) Kealahou, Hawai'i 96750 ☐ 67-5175 Kamamalu Street, Kamuela, Hawai'i 96743. **IF NO RESPONSE IS RECEIVED BY THE COURT BY THE DATES SPECIFIED IN THIS NOTICE, THIS MOTION MAY BE GRANTED.**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Filing Party(ies)/Filing Party(ies)' Attorney:
	Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

☐ I DO NOT OBJECT to this Motion.

☐ I DISAGREE with this Motion for the following reasons:

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of the Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:	Signature of Responding Party(ies)/Responding Party(ies)' Attorney:
	Print/Type Name:

Reserved for Court Use**COURT ORDER**

☐ This Motion is granted.

☐ This Motion is denied.

☐ This Motion is partially granted.

Date:	Judge of the above-entitled Court
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In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.